Treatment Regimens for HIV Positive Pregnant Women

I am HIV positive and pregnant. Should I take anti-HIV medications?

You should take anti-HIV medications if:

- you are experiencing severe symptoms of HIV or have been diagnosed with AIDS
- your **CD4 count** is 200 cells/mm^3 or less (treatment should be considered at 350 cells/mm^3 or less)
- your **viral load** is greater than 1,000 copies/mL

You should also take anti-HIV medications to prevent your baby from becoming infected with HIV. Specific treatment to prevent **mother-to-child transmission** of HIV is discussed below.

Terms Used in This Fact Sheet:

CD4 count: *CD4 cells, also called T cells or CD4$^+$ T cells, are white blood cells that fight infection. HIV destroys CD4 cells, making it harder for your body to fight infections. A CD4 count is the number of CD4 cells in a sample of blood.*

Drug resistance testing: *A laboratory test to determine if an individual's HIV strain is resistant to any anti-HIV medications. HIV can mutate (change form), resulting in HIV that cannot be controlled with certain medications.*

Intravenous (IV): *the administration of fluid or medicine into a vein.*

Mother-to-child transmission: *the passage of HIV from an HIV positive mother to her infant. The infant may become infected while in the womb, during labor and delivery, or through breastfeeding. Also known as perinatal transmission.*

Viral load: *the amount of HIV in a sample of blood.*

How do I find out what HIV treatment regimen is best for me?

HIV treatment is an important part of maintaining your health and preventing your baby from becoming infected with HIV. Decisions about when to start HIV treatment and which medications to take should be based on many of the same factors that women who are not pregnant must consider. These factors include:

- risk that the HIV infection may become worse
- risks and benefits of delaying treatment (see **Starting Anti-HIV Medications Fact Sheet**)
- potential drug toxicities and interactions with other drugs you are taking (see **Safety and Toxicity of Anti-HIV Medications During Pregnancy Fact Sheet**)
- the need to adhere to a treatment regimen closely (see **What is Treatment Adherence Fact Sheet**)
- the results of **drug resistance testing**

In addition to these factors, pregnant women must consider the following issues:

- benefit of lowering viral load and reducing the risk of mother-to-child transmission of HIV
- unknown long-term effects on your baby if you take anti-HIV medications during your pregnancy
- information available about the use of anti-HIV medications during pregnancy

You should discuss your treatment options with your doctor so that together you can decide which treatment regimen is best for you and your baby.

What treatment regimen should I follow during my pregnancy if I have never taken anti-HIV medications?

Your best treatment options depend on when you were diagnosed with HIV, when you found out you were pregnant, and at what point you sought medical treatment during your pregnancy. Women who are in the first trimester of pregnancy and who do not have symptoms of HIV disease may consider delaying treatment until after 10 to 12 weeks into their pregnancies. After the first trimester, pregnant women with HIV should receive at least AZT (Retrovir, zidovudine, or ZDV); your doctor may recommend additional medications depending on your CD4 count, viral load, and drug resistance testing.

This information is based on the U.S. Public Health Service's *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States* (available at **http://aidsinfo.nih.gov**).

Treatment Regimens for HIV Positive Pregnant Women (continued)

I am currently taking anti-HIV medications, and I just learned that I am pregnant. Should I stop taking my medications?

Do not stop taking any of your medications without consulting your doctor first. Stopping HIV treatment could lead to problems for you and your baby. If you are taking anti-HIV medications and your pregnancy is identified during the first trimester, talk with your doctor about the risks and benefits of continuing your current regimen. He or she may recommend that you stop your anti-HIV medications or change the medications you take. If your pregnancy is identified after the first trimester, it is recommended that you continue with your current treatment. No matter what HIV treatment regimen you were on before your pregnancy, it is generally recommended that AZT become part of your regimen.

Will I need treatment during labor and delivery?

Most mother-to-child transmission of HIV occurs around the time of labor and delivery. Therefore, HIV treatment during this time is very important for protecting your baby from HIV infection. Several treatment regimens are available to reduce the risk of transmission to your baby. The most common regimen is the three-part AZT regimen:

1. HIV infected pregnant women should take AZT starting at 14 to 34 weeks of pregnancy. You can take either 100 mg five times a day, 200 mg three times a day, or 300 mg twice a day.
2. During labor and delivery, you should receive **intravenous** (IV) AZT.
3. Your baby should take AZT (in liquid form) every 6 hours for 6 weeks after he or she is born.

If you have been taking any other anti-HIV medications during your pregnancy, your doctor will probably recommend that you continue to take them on schedule during labor.

Better understanding of HIV transmission has contributed to dramatically reduced rates of mother-to-child transmission of HIV. Discuss the benefits of HIV treatment during pregnancy with your doctor; these benefits should be weighed against the risks to you and to your baby.

For more information:

Contact your doctor or an *AIDSinfo* Health Information Specialist at 1–800–448–0440 or **http://aidsinfo.nih.gov**.

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